## LZ0000300600

(Req	uestor's Name)	<u>.</u> .
nbbA)	ress)	
(Adda)	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number)	_
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	,





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## **COVER LETTER**

Di	vision of Corp	porations	·	
SUBJECT	Pairadox, L			
SOBJECT	·	Name of Lim	ited Liability Company	·
The enclose	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Lisa Denning Tate		
			Name of Person  Firm/Company  nue  Address  G9  City/State and Zip Code  om  Idress: (to be used for future annual report notification)  Idease call:	
			Firm/Company	
		25363 NW 1st Avenue		
			Address	<del></del>
		Newberry, FL 32669		
		lisad.crna@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	ification)
For further	information co	oncerning this matter, please ca	all:	
Tuisdie Fid			800 375-2453 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pairadox, LLC		
(Name of the Lim	ited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>(s.</u> )
	Liability Company were filed on 9/23/2020	and assigned
lorida document number L20000300600	·	
his amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		÷ \
	d/or registered office address on our record	s, enter the name of the
egistered agent and/or the new registered of	office address here:	72.
Name of New Registered Agent:	Lisa Denning Tate	
		, 73
New Registered Office Address:	Enter Florida street addres	ss -
	E	orida
	, FF	orida

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Soa Donner de la Changing Registered Agent Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Lisa Tate	25363 NW 1st Avenue	
		Newberry, FL 32669	■ Remove
			_
			Change
AMBR	Lisa Denning Tate	25363 NW 1st Avenue	
		Newberry, FL 32669	🗖 Remove
			<u> </u>
			Change
			Add
			Remove
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ctive date, if other than t effective date is listed, the date r e: If the date inserted in this iment's effective date on the	block does not n	neet the applica	o date of filing or ble statutory fil	more than 90 da ing requiremen	(optional) ys after filing.) F is, this date w	ursuant to 605.02
ecord specifies a delay ne 90th day after the r			an effective	time, at 12	:01 a.m. or	n the earlier
ed April 8		. 2021				
	منك	a Donne	rest call rized representati			

Page 3 of 3

Filing Fee: \$25.00